

# Edmonds Waterfront Center

**Home of the Edmonds Senior Center**

**Connecting & Enriching Our Community**

PO Box 717 • Edmonds WA 98020 • (425) 774-5555 • [www.edmondswaterfrontcenter.org](http://www.edmondswaterfrontcenter.org)

**Potlatch Bistro / EWC Community Café**

## **Senior Lunch Program**

***1 in 7 seniors do not get their needed daily nutrition***

**This program is intended to address food insecurity among lower income seniors – providing a subsidized meal for those who need extra help**

**Enjoy a delicious and nutritious lunch for a suggested \$5 donation.**

**If you do not consider yourself food insecure, you can still register for the Senior Lunch Program and pay what you consider appropriate for you. Our cost is \$15 / meal.**

**If you do not want to sign up for the program you can still dine at the Potlatch Bistro and order off of the regular menu.**

### **Eligibility requirements:**

- ✓ **Register**
- ✓ **Be present**
- ✓ **60 years of age or older**
- ✓ **Be an EWC Lifetime Member (aged 90+ are eligible for lifetime membership)**
- ✓ **Live in South Snohomish County** (Brier, Edmonds, Lynnwood, Mountlake Terrace, Woodway and portions of Bothell and unincorporated Snohomish County) or Shoreline

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For more information please contact Michelle Reitan at (425) 954-2523 or [michelle.reitan@edmondswaterfrontcenter.org](mailto:michelle.reitan@edmondswaterfrontcenter.org)**

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For Office Staff

Lunch? Yes \_\_\_\_\_ No \_\_\_\_\_

Lunch \$ \_\_\_\_\_

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## Subsidized Senior Lunch Program Registration

Edmonds Waterfront Center

PO Box 717 Edmonds, WA 98020-0717

**(THIS FORM MUST BE FULLY COMPLETED, PLEASE PRINT CLEARLY)**

1. Within the past 12 months I worried whether our food would run out before we got money to buy more. Yes \_\_\_\_\_ No \_\_\_\_\_
2. Within the past 12 months the food I bought just didn't last and we didn't have money to get more. Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you have other needs affecting your quality of life? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Would you like our Social Worker to contact you? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

First

MI

Last

Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Household size \_\_\_\_\_

Household Yearly Income (circle one)		Ethnic Origin (circle all that apply)
Less than \$20,000	\$20,000 - \$24,999	White Filipino Chinese Korean
\$25,000 - \$34,999	\$35,000 - \$44,999	Hispanic Pacific Islander Vietnamese Japanese
\$45,000 - \$54,999 More than \$75,000	\$55,000 - \$74,999	African American American Indian Other

Signature \_\_\_\_\_ Date \_\_\_\_\_